

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004027

FILED
Feb 22, 2010
Secretary of State

Entity Name: INSTITUTE FOR SCHOOL INNOVATION, INC.

Current Principal Place of Business:

1339 MAHAN DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 13296
TALLAHASSEE, FL 323173296 US

New Mailing Address:

FEI Number: 59-3331703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTZIN, SARAH M EXDIR
1339 MAHAN DR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CHM
Name: GUNTER, MARY CHM
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VCHM
Name: KRIZNER, WILLIAM VCHM
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: SEC
Name: REISER, ROBERT SEC
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: TREA
Name: MANNING, ALTHA TREAS
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: HARRIS, BOB L D
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: PRINE, ELAINE D
Address: 1339 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARAH M. BUTZIN

ED

02/22/2010

Electronic Signature of Signing Officer or Director

Date